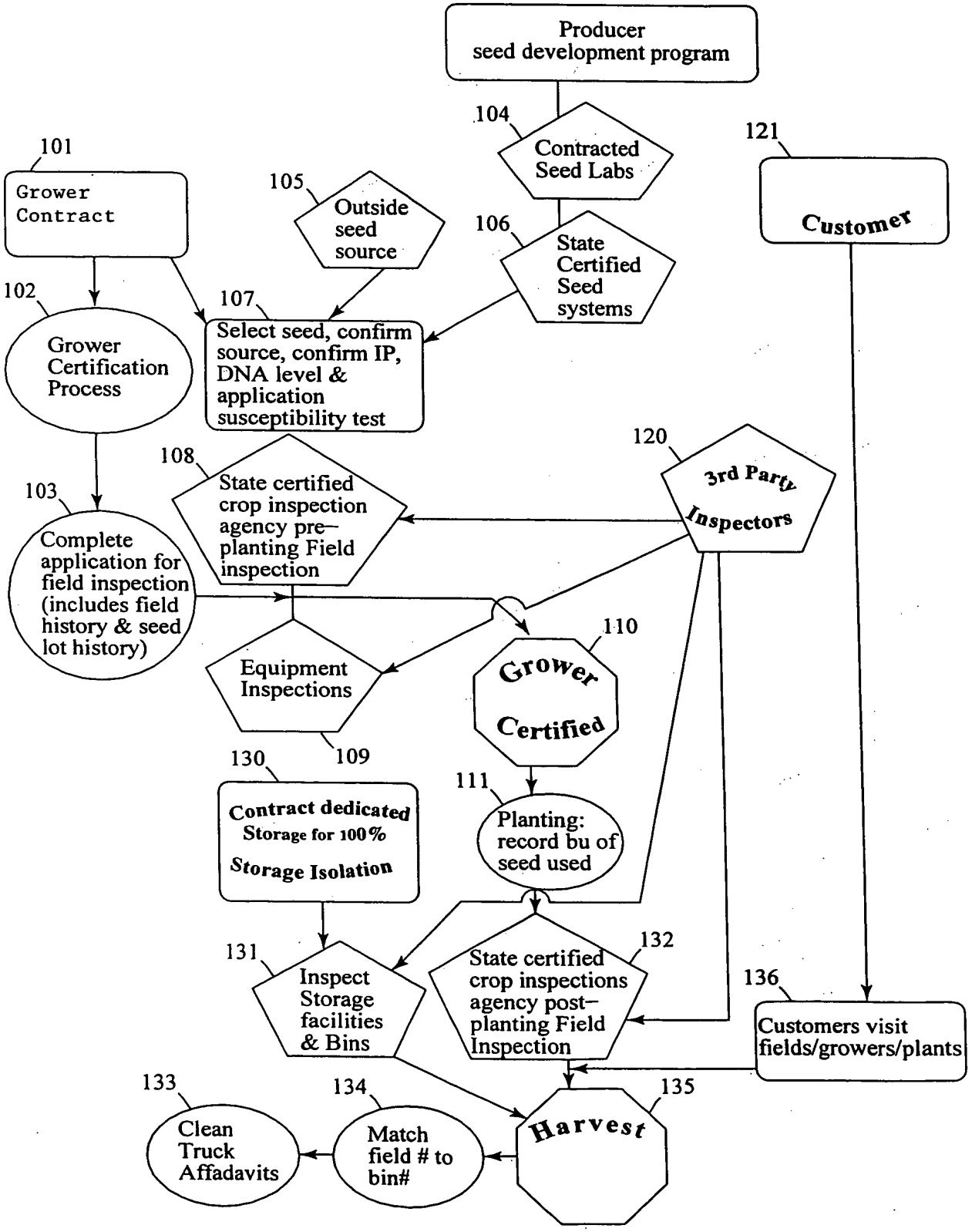
Producer seed development program
104
Contracted Seed Labs
121
Customer
101
Grower Contract
105
Outside seed source
106
State Certified Seed systems
102
Grower Certification Process
107
Select seed, confirm source, confirm IP, DNA level & application susceptibility test
120
3rd Party Inspectors
108
State certified crop inspection agency pre–planting Field inspection
103
Complete application for field inspection (includes field history & seed lot history)
110
Grower Certified
Equipment Inspections
109
130
Contract dedicated Storage for 100% Storage Isolation
111
Planting: record bu of seed used
131
Inspect Storage facilities & Bins
132
State certified crop inspections agency post–planting Field Inspection
136
Customers visit fields/growers/plants
133
Clean Truck Affadavits
134
Match field # to bin#
135
Harvest

Fig. 1

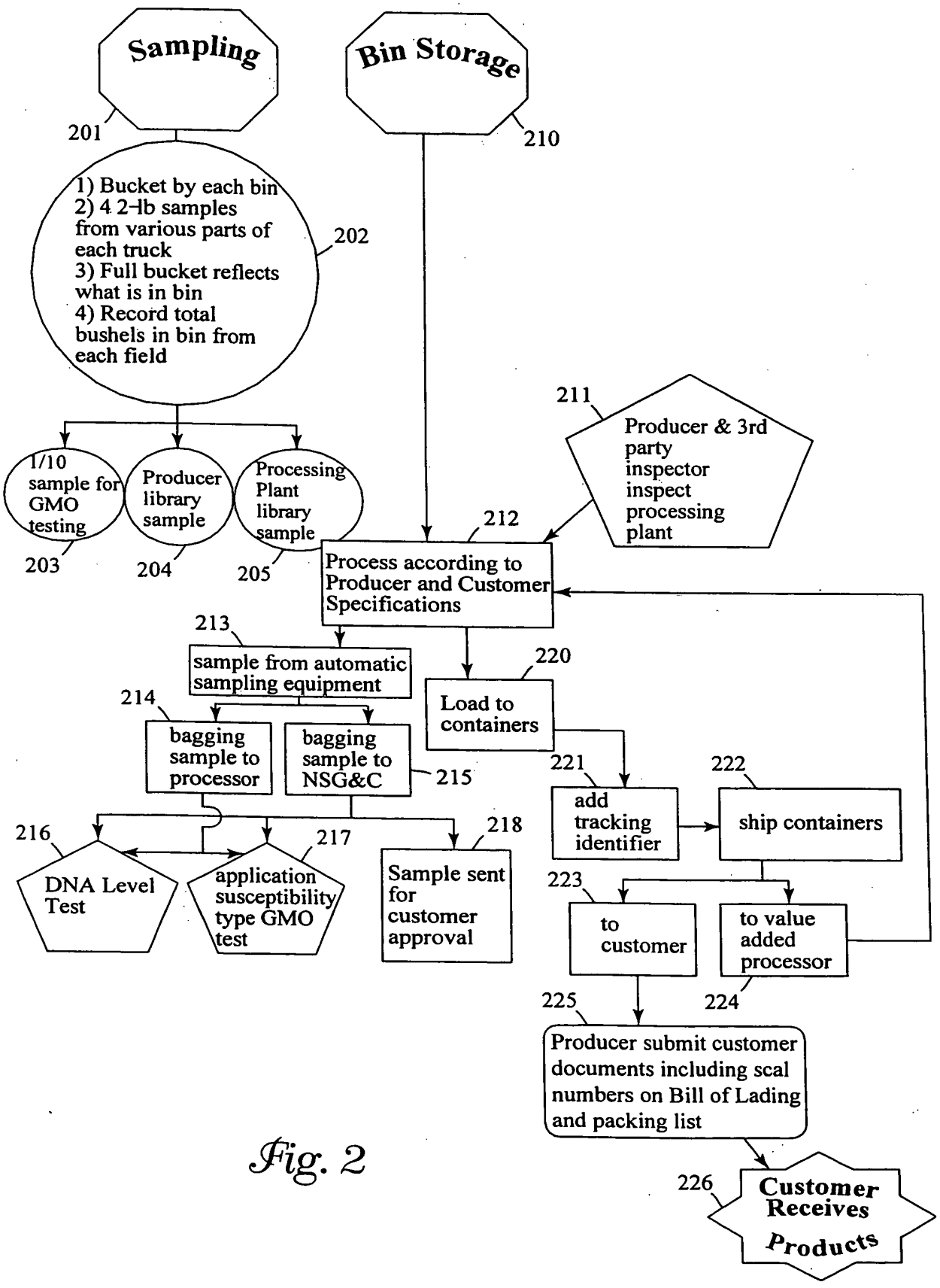
Sampling
201
Bin Storage
210
1) Bucket by each bin
2) 4 2-lb samples from various parts of each truck
3) Full bucket reflects what is in bin
4) Record total bushels in bin from each field
202
211
Producer & 3rd party inspector inspect processing plant
1/10 sample for GMO testing
Producer library sample
Processing Plant library sample
203
204
205
212
Process according to Producer and Customer Specifications
213
sample from automatic sampling equipment
220
Load to containers
214
bagging sample to processor
bagging sample to NSG&C
215
221
add tracking identifier
222
ship containers
216
DNA Level Test
217
application susceptibility type GMO test
218
Sample sent for customer approval
223
to customer
to value added processor
224
225
Producer submit customer documents including scal numbers on Bill of Lading and packing list
226
Customer Receives Products

Fig. 2

Fig. 3

CROP IMPROVEMENT ASSOCIATION
APPLICATION FOR FIELD INSPECTION

APPLICANT

Member No._____ County _____

Name_____

Address_____
Route, Box or Street Number

_____
City State Zip

Telephone (_____)_____

Residence: Township_____Sec.No. _____

GROWER County _____

Name_____
(Please Print)

Address_____
Route, Box or Street Number

_____
City State Zip

Telephone (_____)_____

Residence: Township_____Sec.No. _____

Information such as distances and directions from the nearest town, highway numbers or landmarks that will aid inspectors in locating farm and fields to be certified.

INSTRUCTIONS

1. Use a separate application blank for soybeans. Use special application form for perennial crops.
2. Use a separate application blank for each grower.
3. Apply before the dates given. A late application fee will be charged for applications received after these dates.
   All crops except Soybeans **APPLY BEFORE**——————June 15
   Soybeans **APPLY BEFORE**——————August 1
4. List each field seperately.
5. Be sure to sign your application and keep second copy for your records.
6. Enclose a tag or other proof of seed source
7. Show location of field and indicate field number on **MAP ON BACK OF WHITE COPY.**

FIELD NO.	PRODUCT I.D.	SEED CLASS TO BE PRODUCED	NO. OF ACRES	APPROX. DATE PLANTED	PREVIOUS CROP IN FIELD	IDENTITY OF SEED PLANTED [3]

1. F = Foundation R = Registered C = Certified QA = Quality Assurance RR = Roundup Ready IP = Identity Preserved
2. If previous crop same as crop grown this year, note variety and class of previous crop.
3. Identity of seed planted (See instructions for Filing Applications for Field Inspections).

The undersigned affirms that standards, regulations and procedures . . . . . will be followed in producing, processing and handling seed from the fields included in this application.

_____
Signature of Applicant

Doc#: 1356

Fig. 4

LABORATORY REPORT

Company:
Attn: **Fax:**

Date of Report:

Date Sample(s) Received:

Total Samples Processed: 1

Sample Code:
Customer Sample ID:
Sample Type: soybeans
Sample Weight: 2 lbs.
Amount of genetically modified material in sample within a confidence interval of ten percent:

____ Greater than 1%
____ Less than 1.0% and greater than or equal to 0.1%
__X__ Negative at the operational limit of detection of less than 0.1%

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Fig. 5A

INSPECTOR'S REPORT FOR PROCESSING FACILITY

Date of Inspection _____

Plant Name _____ Plant No. _____

Address _____ Zip Code _____ Phone No. _____

Manager _____ Years experience _____

Mill Operator _____ Years experience _____

Years of Operation _____ Years approved _____

Approved for _____

	RATING
Does plant keep required records?	_____
Does plant file required reports promptly?	_____
Does plant keep processed and unprocessed samples of seed?	_____
Does plant identify each bag of cleaned seed with a tab or stencil?	_____
How are samples taken? Mill _____ Bagger _____ Probe _____	_____
What lot numbering system is used? _____	_____
Does plant use sequence and appointment cleaning?	_____
Is there complete cleanup between lots and varieties?	_____
Is required and recommended maintenance done from year to year?	_____

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Fig. 5B

EQUIPMENT	EVALUATION	RATING
1. _____ Make _____ _____ Model _____ _____	Condition of machine, accessories and related equipment – _____ _____ _____ _____ _____	_____ _____
2. _____ Make _____ _____ Model _____ _____	Condition of Machine, accessories and related equipment – _____ _____ _____ _____ _____	_____ _____
3. _____ Make _____ _____ Model _____ _____	Condition of Machine, accessories and related equipment – _____ _____ _____ _____ _____	_____ _____
4. _____ Make _____ _____ Model _____ _____	Condition of Machine, accessories and related equipment – _____ _____ _____ _____ _____	_____ _____

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Fig. 5C

EQUIPMENT EVALUATION

Equipment (cont)	Manufacturer	Model	Condition Evaluation
Spiral			
Rice Mill			
Debearder			
Asperator			
Scarifier			
Bean Ladder			
Electro Color Sorter			
Bag Closer			
Auto. Bagging Scale			
Bagging Scale			
Bulk Scale			
Air Compressor			
Vacuum Cleaner			
In Line Vacuum			
Tag Printing Equipment			
Small Scales			
Hand Testing Screens			
Moister Tester			
Dockage Scales			
Bushel Weight Tester			
Bin Probe			
Additional Equipment			

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Fig. 5D

PLANT CONSTRUCTION	EVALUATION	RATING
PIT	PIT	
Number _____	Condition _____	_____
Common or separate	Accessibility _____	_____
	Is there a cover for the pit? _____	_____
LEGS –BOOTS –HEADS	LEGS –BOOTS –HEADS	
Number _____	Condition of legs and cups. _____	
	_____	_____
Common or separate	Are there spacers behind the cups? _____	_____
	Leg accessibility _____	_____
	Boot condition _____	_____
	Boot accessibility _____	_____
	Head condition _____	
	_____	_____
	Head accessibility _____	_____
SPOUTS	SPOUTS	
Number _____	Condition _____	
	_____	_____
DISTRIBUTER	DISTRIBUTER	
Make _____	Condition _____	_____
Number _____	Condition of gasket _____	_____
Type (3 way 6 way etc.) _____	Accessibility of Inspection Door _____	
_____	_____	_____
_____	Cleanliness inside _____	_____
	Proper adjustment _____	_____
BINS	BINS	
Type of bins _____	Condition of inside bin walls _____	
	_____	_____
Number of bins _____	Are bins numbered? _____	_____
Capacity of bins _____	Are bins covered? _____	_____
	General cleanliness of the following:	
	Mill Room	_____
	Basement	_____
	Head house	_____

DO NOT PHOTOCOPY

Fig. 5E

PLANT INSPECTION SUMMARY AND ANNUAL REPORT

Plant Name _____ Address _____

Plant Manager _____

Rating _____ Ratings are based on individual ratings for equipment and plant construction added together and divided by the total number of ratings.

Scales: 1 = Poor 2 = Fair 3 = Good 4 = Very Good 5 = Excellent

Equipment Repairs or Improvements Needed: _____

_____

_____

_____

_____

Construction Repairs or Improvements Needed: _____

_____

_____

_____

_____

Operation changes suggested: _____

_____

_____

_____

Changes Made In Past Years: _____

_____

_____

_____

Tag Printing Privileges: Yes____ No ____ Tags On Hand: Reg. ____ Cert. ____

Number Of Tags Used Past Years: _____

Date _____ Inspector _____

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Fig. 5F

OPTIONAL

Cleaning Performance Record

Crop	No. Lots Cleaned	No. Lots Rejected	Reason

Rating on Above